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AMENDMENT TRANSMITTAL LETTER

Docket No. 1982-0283P

2000	1	Application No.		
2 1 2006	إبرا	10/026,805-Conf. #1377		

Filing Date December 27, 2001 Examiner S. L. McClendon

Art Unit

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Applicant(s): Hiroyuki KURATA et al.

Invention: PELLICLE, PRODUCING METHOD THEREOF AND ADHESIVE

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

		CLAIM	S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate	
Total Claims	20	- 20 =		х		
Independent Claims	4	- 3 =	1	х	200.00	200.00
Multiple Depend	lent Claims (ch	eck if applicabl	e)			
Other fee (pleas	120.00					
TOTAL ADDIT	320.00					
x Large Entity						
No additiona	al fee is require	d for this ame	ndment.		_	
	ge Deposit Acc			n the a	amount of \$ _	·
× A check in the						
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	is hereby auth below. A dup					02-2448
x Credit a	ny overpaymer	nt.				
x Charge a	any additional fili	ing or applicatio	n processing	fees re	quired under 3	7 CFR 1.16 and 1.17.
Mun	1/how	·			Dated:	JUL 2 1 2006
Marc S. Weiner						
Attorney Reg. N	No.: 32,181					

BIRCH, STEWART, KOLASCH & BIRCH, LLP

8110 Gatehouse Road

Suite 100 East

P.O. Box 747

Falls Church, Virginia 22040-0747

(703) 205-8000

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Approved for use through 7/31/2006. OMB 0651-0032

Date

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/026,805-Conf. #1377 Application Number FEE TRANSMITTAL December 27, 2001 Filing Date For FY 2006 First Named Inventor Hiroyuki KURATA JUL 2 1 2006 **Examiner Name** S. L. McClendon Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1711 & TRADEMAN 1982-0283P TOTAL AMOUNT OF PAYMENT 320.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): x Check Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 250 200 100 Utility 300 150 500 50 130 65 Design 200 100 100 Plant 200 100 300 150 160 80 250 600 300 Reissue 300 150 500 Provisional 200 100 0 0 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Multiple Dependent Claims Fee Paid (\$) **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) - 20 = HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims **Extra Claims** Fee (\$) × 200.00 200.00 1 - 3 = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof **Total Sheets Extra Sheets** Fee (\$) - 100 = /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 120.00 Other (e.g., late filing surcharge): 1251 Extension for response within first month SUBMITTED BY Registration No. 32,181 (703) 205-8000 Signature Telephone (Attorney/Agent)

Name (Print/Type)

Marc S. Weiner